

Peninsula AmeriCorps Service and Support (PASS)
Identity Verification and Criminal History Consideration Form

Member Name (Printed): _____

SECTION I: Documentation Review and Identity Verification

By signing below, I certify that I have carefully reviewed all of the required documentation for the above-named individual, and have verified his/her identity using a State-issued photo ID.

Program Director Named (Printed): _____

Program Director Signature: _____ **Date:** _____

SECTION II: Consideration of Criminal Background Checks

The following background check results have been reviewed for the above-named member:

	Date Initiated/ Requested	Date Completed/ Received
<input type="checkbox"/> FBI Fingerprint Check	_____	_____
<input type="checkbox"/> Virginia State Criminal History Check*	_____	_____
<input type="checkbox"/> State of Legal Residence Criminal History Check (if applicable)*	_____	_____
<input type="checkbox"/> Virginia Child Protective Services Check (CPS)	_____	_____
<input type="checkbox"/> National Sex Offender Registry (NSOR)	_____	_____

*** Important Note:** If criminal history check results include findings, the program director must include in the appropriate member file a signed justification for allowing a member to serve.

By signing below, I certify that I have carefully reviewed the results of each of the criminal background checks required by the Corporation for National and Community Service and the Office on Volunteerism and Community Service. Furthermore, I certify that the results have been considered in determining that it is acceptable for the individual to serve as an AmeriCorps member in the program.

Program Director Named (Printed): _____

Program Director Signature: _____ **Date:** _____

**Peninsula AmeriCorps Service and Support (PASS)
2015-2016 AmeriCorps Member Contract**

I. PURPOSE

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation of _____ (hereinafter referred to as the "Member") as a _____ (full-time, half-time, reduced half-time, quarter-time or minimum-time) member in Peninsula AmeriCorps Service and Support for Learning (PASS) (hereinafter referred to as the "Program").

II. MINIMUM QUALIFICATIONS

The Member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien and at least 17 years of age (or at least 16 years of age if the Member is an out-of-school youth and a participant in one of two types of youth corps defined under the National and Community Service Act of 1990, as amended).

III. TERMS OF SERVICE

- A. The Member's term of service begins on _ and ends on . The Member is expected to complete _____ hours throughout the term of service. The program and the Member may agree, in writing, to extend this term of service for the following reasons:
1. The Member's service has been suspended due to compelling personal circumstances.
 2. The Member's service has been terminated, but a grievance procedure has resulted in reinstatement.
- B. The Member understands that to successfully complete the term of service (as defined by the program and consistent with regulations of the Corporation for National Service) and to be eligible for the education award, he/she must complete the minimum hours of service required for their member type (detailed below) and satisfactorily complete all required pre-service orientation/training and training that relates to the member's service throughout the program year.
- Full-time members must complete a minimum of 1700 hours;
 - Part-time members will complete a minimum of 900 hours;
 - Reduced half-time members will complete a minimum of 675 hours;
 - Quarter-time members will complete a minimum of 450 hours;
 - Minimum-time members will complete a minimum of 300 hours.
- C. The Member understands that to be eligible to serve a second term of service s/he must receive satisfactory performance reviews during their initial term of service. The Member's eligibility for a second term of service with this program will be based on at least a mid-term and end-of-term evaluation of the Member's performance focusing on factors such as whether the Member has:
1. Completed the required number of hours;
 2. Satisfactorily completed assignments, tasks, or projects; and
 3. Met any other criteria that were clearly communicated either orally or in writing at the beginning of the term of service.
- D. The Member understands that the mere eligibility for an additional term of service does not guarantee selection or placement.

- E The first thirty days of service will be considered a probationary period to assess the match between the program and each member. This match will be based on how well s/he has committed to the governing ideas of AmeriCorps as well as member expectations.

IV. BENEFITS

- A. The Member will receive the following benefits while providing service with the Program:

1. A total living allowance of \$_____;
 - a. The living allowance is taxable, and taxes will be deducted directly from the living allowance.
 - b. Living Allowances will be disbursed in equal increments in accordance with the Living Allowance Distribution Chart (Appendix F-1 or F-2) starting approximately after their first day of service.
 - c. The living allowance will be distributed throughout the member's term of service in equal amounts of \$_____ (pretax).
 - d. Should a member receive the total living allowance amount prior to completing the number of hours required under this contract, s/he must continue service without receipt of living allowance until the required hours are completed in order to be eligible to receive an education award.
 - e. A member must serve 80% of their weekly hour average to receive the living allowance.
 - f. The living allowance may be withheld for failure to submit papers and documentation in a timely manner and completion of the required minimum weekly hours.
 - g. Living allowances will not be distributed during the probationary period and scheduled break(s). Returning members **may be** exempt from the probationary period. **Returning members are members who serve consecutive terms (no break in service years).**
 - h. Remaining living allowances to be disbursed will be forfeited if a member exits before the contract end date. **NO EXCEPTIONS**
2. Health insurance coverage is available for full-time members. Members are required to sign an acknowledgement of acceptance or waiver of this coverage.
3. Child care assistance is available for full-time members, and is provided by Gap Solutions, Inc. directly to the provider. Members must be eligible for this assistance and sign an acknowledgement of acceptance or waiver of this coverage.
4. Members may be eligible to receive loan forbearance and payment of interest accrual during their term of service. Requests for these benefits are submitted via MyAmeriCorps.
 - a. If a Member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service. Interest paid by the National Trust for loans in forbearance is taxable for the year it is paid.
5. Upon successful completion of the Member's term of service, the Member will receive an education award from the National Service Trust. For successful completion of term of service, the Member will receive an education award in one of the following amounts, based on the type of term:
 - Full-time \$5,730
 - Half-time \$2,865
 - Reduced half-time \$2,182.78
 - Quarter-time \$1,515.55
 - Minimum-time \$1,212.44

- a. If the Member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the member agrees to obtain a high school diploma or its equivalent before using the education award. This requirement can be waived if the Member is enrolled in an institution of higher education on an ability to benefit basis or the program has waived this requirement due to the results of the member's education assessment.
- b. The Member understands that his or her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.

V. RULES OF CONDUCT

- A. The Member agrees to act in conformance with, and abide by all current and future rules and procedures established by the Program. While acting in an official capacity and representing the Program, the Member is expected to:
 1. Behave responsibly, act professionally, and treat others with respect.
 2. Follow directions.
 3. Participate in all program events, meetings, and service projects as specified by program staff.
 4. Wear their service gear during service identifying them as AmeriCorps members
- B. While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage in the following activities (see 45 CFR § 2520.65):
 1. Attempt to influence legislation;
 2. Organize or engage in protests, petitions, boycotts, or strikes;
 3. Assist, promote, or deter union organizing;
 4. Impair existing contracts for services or collective bargaining agreements;
 5. Engage in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
 6. Participate in, or endorse, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
 7. Engage in religious instruction, conduct worship services, provide instruction as part of a program that includes mandatory religious instruction or worship, construct or operate facilities devoted to religious instruction or worship, maintain facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
 8. Provide a direct benefit to—
 - i. A business organized for profit;
 - ii. A labor union;
 - iii. A partisan political organization;
 - iv. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
 - v. An organization engaged in the religious activities described in paragraph 3.g. above, unless CNCS assistance is not used to support those religious activities;
 9. Conduct a voter registration drive or using CNCS funds to conduct a voter registration drive;
 10. Provide abortion services or referrals for receipt of such services; and
 11. Such other activities as CNCS may prohibit.

- C. The Member understands that the following acts also constitute a violation of the program's rules of conduct:
1. Unauthorized tardiness.
 2. Unauthorized absences.
 3. Repeated use of inappropriate language (i.e. profanity) at a service site.
 4. Failure to wear appropriate clothing to service assignments, including wearing items identifying them as AmeriCorps members.
 5. Stealing or lying.
 6. Engaging in any activity that may physically or emotionally damage other members of the program or people in the community.
 7. Unlawful manufacture, distribution, dispensation, possession or use of any controlled substance or illegal drugs during the term of service.
 8. Consuming alcoholic beverages prior to and/or during the performance of service activities.
 9. Using any tobacco product during performance of service activity.
 10. Being under the influence of alcohol or any illegal drugs during the performance of service activities.
 11. Failing to notify the program of any criminal arrest or conviction that occurs during the term of service.
 12. Falsifying time sheets or any other program documents.
 13. Providing services to an individual or group at a site other than the primary site without prior approval from the Program.
 14. "Double dipping", defined as accepting outside payment or compensation for hours that the Member is counting towards his/her AmeriCorps service hour requirement.
- D. Under the Drug-Free Workplace Act, you must immediately notify the Program Staff if you are convicted under any criminal drug statute. Your participation in the Program is conditioned upon compliance with this notice requirement and action will be taken for violations.
- E. The Member understands that at any time, he/she can be either suspended or released for cause in accordance with paragraphs (B), (C), and (D) above for committing acts that are considered severe violations of the PASS Policies and Procedures during the term of service including but not limited to being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.
- F. All member positions must adhere to the regulations for Non-duplication and Nondisplacement, outlined by the Corporation for National and Community Service in CFR § 2540.100 (e)-(f) (text below)

Nonduplication. Corporation assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (f) of this section are met, Corporation assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

Nondisplacement.

- (1) An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving Corporation assistance.
- (2) An organization may not displace a volunteer by using a participant in a program receiving Corporation assistance.
- (3) A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual.

(4) A participant in a program receiving Corporation assistance may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.

(5) A participant in any program receiving assistance under this chapter may not perform any services or duties, or engage in activities, that—

(i) Will supplant the hiring of employed workers; or

(ii) Are services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures.

(6) A participant in any program receiving assistance under this chapter may not perform services or duties that have been performed by or were assigned to any—

(i) Presently employed worker;

(ii) Employee who recently resigned or was discharged;

(iii) Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;

(iv) Employee who is on leave (terminal, temporary, vacation, emergency, or sick); or

(v) Employee who is on strike or who is being locked out.

G. All member positions must adhere to the regulations for fundraising, found at 45 CFR §2520.40 and § 2520.45 (text below)

§2520.40

(a) AmeriCorps members may raise resources directly in support of your program's service activities.

(b) Examples of fundraising activities AmeriCorps members may perform include, but are not limited

to, the following:

(1) Seeking donations of books from companies and individuals for a program in which volunteers teach children to read;

(2) Writing a grant proposal to a foundation to secure resources to support the training of volunteers;

(3) Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals;

(4) Securing financial resources from the community to assist in launching or expanding a program that provides social services to the members of the community and is delivered, in whole or in part, through the members of a community-based organization;

(5) Seeking donations from alumni of the program for specific service projects being performed by current members.

(c) AmeriCorps members may not:

(1) Raise funds for living allowances or for an organization's general (as opposed to project) operating expenses or endowment;

(2) Write a grant application to the Corporation or to any other Federal agency.

§ 2520.45

An AmeriCorps member may spend no more than ten percent of his or her originally agreed-upon term of service, as reflected in the member enrollment in the National Service Trust, performing fundraising activities, as described in § 2520.40.

VI. RELEASE FROM TERMS OF SERVICE

A. The Member may be released by the Program from the term of service in the following two ways:

1. Suspension, as described in paragraphs (G, H) of this section; or,
2. Termination.

B. The Member understands that he/she may be released for the following two reasons:

1. For cause, as explained in paragraphs (C, D) of this section; or
2. For compelling personal circumstances as defined in paragraph (E, F) of this section.

- C. The program will release the Member for cause for the following reasons:
1. The Member fails to fulfill the requirements of the Program and therefore, undermines the quality and integrity of services.
 2. The Member has falsified timesheets or other program documents. A first offense will result in immediate dismissal. Falsification of timesheets may also result in the filing of criminal charges against the Member by the Program.
 3. The Member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official;
 4. During the term of service the member has been convicted of a violent felony or the sale or distribution of a controlled substance;
 5. The Member has committed any of the offenses listed in section V Rules of Conduct;
 6. "Double dipping", defined as accepting outside payment or compensation for hours that the Member is counting towards his/her AmeriCorps service hour requirement.
 7. Any other serious breach that in the judgment of the director of the Program would undermine the effectiveness of the Program.
 8. Evidence of theft and property, or equipment
 9. Sexual misconduct, including sexual harassment
 10. Unauthorized internet use.
- D. Releasing a member for cause has four consequences including:
1. The Member will no longer receive a living stipend.
 2. The Member will no longer be eligible for child care or health care benefits.
 3. The Member will not receive any education award based on the time served in the Program.
 4. The Corporation will not pay any interest that accrued if the Member has obtained loan forbearance.
 5. The Member may be disqualified from future service with AmeriCorps and other national service programs.
- E. The Program may release the Member from the term of service for compelling personal circumstances as defined by the Corporation for National and Community Service in 45 C.F.R. 2522.230.
- F. Compelling personal circumstances do not include leaving the Program:
1. To enroll in school;
 2. To obtain employment, other than in moving from welfare to work; or
 3. Because of dissatisfaction with the program.
- G. The Program may suspend the Member's term of service for the following reasons:
1. During the term the Member requests a suspension based on compelling personal circumstances. During the suspension from service, the member will not receive credit for service hours or benefits. The Member may resume his or her term of service once the circumstances supporting the suspension have been resolved.
 2. During the term of service the Member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)
 3. During the term of service the Member has been convicted of a first offense of possession of a controlled substance. (If, however, the member demonstrates enrollment in an approved drug rehabilitation program, the Member may resume the term of service. The Member will not receive back living allowances or credit for any service hours missed.)

- H. The Program may suspend the Member's term of service for violating the rules of conduct provisions set forth in section V of this agreement.
- J. If the program releases the Member for cause the Member will receive no portion of the education award. If, however, the program releases the Member for compelling personal circumstances, the Member may be eligible to receive a pro-rated education award, provided the Member has completed at least 15 percent of the hours needed to complete the term of service.
- K. A term that ends early, either for cause, or for compelling personal circumstances, is still considered a term and the education award that the Member receives, or would have been eligible to receive, will count towards the total of two education awards an individual may receive through AmeriCorps service.

VII. ATTENDANCE POLICIES

- A. Members must commit to participate in the Program until the ending date contained in Section III of their contract. Expectations of participation include the following:
 - 1. Orientation meetings and training sessions;
 - 2. AmeriCorps conferences and events;
 - 3. Special training sessions (for example, CPR Training);
 - 4. **Mandatory Service Projects**. These include, but are not limited to the National Day of Remembrance, MLK Day, Global Youth Service Day, My AmeriCorps Week;
 - 5. AmeriCorps team meetings as scheduled by Site Supervisors; and
 - 6. Scheduled direct service.
- B. Policies and guidelines for program participation and absences include:
 - 1. Each Member is responsible for making weekly progress towards completing their service contract and achieving their personal goals.
 - 2. With proper documentation, a Member is excused from service when there is an emergency or reasonable situation for missing the event including, but not limited to: death in the family; birth of a child; illness; or accident. The PASS program reserves the right to request documentation to support approved absences (e.g.: notes from physicians, dentists, etc.). Absences are excused at the discretion of the Site Supervisor based on the needs of the service site.
 - 3. With regards to attendance, Members are encouraged but not required to participate in local, state, and national voting without penalty.
 - 4. Each Member must arrive at the designated site on time when scheduled to serve. In the event that a Member is going to be late, communication must be made with the Site Supervisor.
 - 5. Members must provide, at minimum, a 24-hour notice if unable to fulfill their scheduled service time. Notice may be by phone to the Site Supervisor. If unable to fulfill scheduled service time with less than 24-hour notice, the Member must **call** (no text or voice mail) the Site Supervisor and the Alternatives' main office. This notification must be made directly by the Member. Members are prohibited from communicating messages through other Members.
 - 6. If a Member has **ANY UNEXCUSED** absences of any kind, they will be subject to disciplinary action and/or dismissal. This means that members must be responsible and professional regarding their attendance. This is a stipended volunteer program which means members are being compensated. The Site Supervisor will complete the Member Noncompliance Documentation Form.

VIII. GRIEVANCE PROCEDURES

- A. The Member understands that the Program has a grievance procedure to resolve disputes concerning the Member's suspension, dismissal, service evaluation or proposed service assignment. The grievance procedure is set forth in a separate document, and the member must sign an acknowledgement of receipt of this document.
- B. The Member understands that, as a participant of the program, he/she may file a grievance in accordance with the Program's grievance procedure.

IX. AMENDMENTS TO THIS AGREEMENT

This agreement may be changed or revised only by written consent by both parties.

X. CONTINGENCY UPON GRANT FUNDING

The Member acknowledges that participation in the Program as detailed in this contract is contingent upon receiving AmeriCorps grant funding from the Corporation for National and Community Service for the specific period covered by this contract.

XI. LAST LIVING ALLOWANCE DISTRIBUTION SELECTION

Your last living allowance will be mailed or it can be picked up (after 2:00 PM). Review the chart below and select your option:

If contract end date is.....	Last Living Allowance Distribution Date
8/4/2015	8/8/2016
8/12/2016	8/15/2016
8/15/2016	8/17/2016
8/26/2016	8/29/2016
8/31/2016	9/2/2016

Note: The final living allowance will be distributed when all exit paperwork is completed and all time sheets for the contract ending period has been submitted and approved.

_____ I will pick up my last living allowance after 2:00 pm on _____ (date)

_____ Mail my living allowance to the address below:

_____ Street Number _____ City _____ State _____ Zip _____

XII. AUTHORIZATION & CERTIFICATION

The Member and Program Director hereby acknowledge by their signatures that they have read, understood and agree to all terms and conditions of this agreement. If the member is under the age of 18 years old, the member's parent or legal guardian must also sign.

Member's Printed Name _____ Member's Signature _____ Date _____

Member's Parent or Guardian's Printed Name (if applicable) _____ Member's Parent or Guardian's Signature (if applicable) _____ Date _____

Program Director's Printed Name _____ Program Director's Signature _____ Date _____

Request for copy. Please indicate below if you would like a copy of your contract: ☐ Yes ☐ No

Peninsula AmeriCorps Service and Support (PASS)

Middle and High School Team Member Position Description

Member Name:	
Service:	

As a member of the PASS AmeriCorps Middle or High School Team, you will:

- Learn the theory and practices associated with positive youth development
- Learn specific curriculum used by Alternatives to develop the social and emotional well-being of youth, and how to facilitate lessons within those curricula
- Learn specific curriculum used by Alternatives to support the children's academic achievement in science, math, and English, and how to facilitate lessons within those curricula
- Learn techniques for managing classroom/group behavior, and implement those techniques when working with groups of children
- Maintain attendance sheets/other required paperwork associated with the groups you facilitate
- Establish and maintain collegial working relationships with community partners
- Assist with disaster recovery efforts in the case natural disasters impact the local community
- Complete and turn in timesheets and mileage reimbursement forms by the establish due dates
- Serve as a strong, positive role model to children by demonstrating excellent interpersonal skills and modeling responsible and appropriate behavior
- Attend personal and skill development training sessions as a regular part of your service
- Participate in agency organized service events on 9/11, Martin Luther King Day of Service, and Global Youth Service Day
- Promote the AmeriCorps Program and promote national service throughout the year and through AmeriCorps week activities
- Members must provide their own transportation to enrichment sites.
- Members are responsible for notifying supervisor if they are unable to serve

Minimum time members will serve a total of 300 hours during their service contract period; will participate in up to 60 hours of training over the course of their service term, no more than 30 hours devoted to program related fund raising, and at least 210 hours of programming (programming preparation and direct service with children).

Quarter time members will serve a total of 450 hours during their service contract period; will participate in up to 90 hours of training over the course of their service term, no more than 45 hours devoted to program related fund raising, and at least 315 hours of programming (programming preparation and direct service with children).

Reduced Half Time members will serve a total of 675 hours during the service contract period; will participate in up to 135 hours of training over the course of their service term, no more than 67 hours devoted to program related fund raising, and at least 473 hours of programming (programming preparation and direct service with children).

Alternatives, Inc.
359 Fenwick Rd.
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Half time members will serve a total of 900 hours from during their service contract period; will participate in up to 180 hours of training over the course of the service year, no more than 90 hours devoted to program related fund raising, and at least 630 hours of programming (programming preparation and direct service with children).

Full time members will serve a total of 1700 hours from during their service contract period; will participate in up to 340 hours of training over the course of the service year, no more than 170 hours devoted to program related fund raising, and at least 1190 hours of programming (programming preparation and direct service with children).

Failure to comply with these requirements of participation in the program may result in disciplinary action and/or termination from the program. By signing below I acknowledge that I understand the above.

Member Signature

Date

PASS Position Description

(d) The final decision on a Volunteer appeal will be made by the Director of VISTA as provided in § 1210.3.

APPENDIX A TO PART 1210—STANDARD
FOR EXAMINERS

(a) An Examiner must meet the requirements specified in either paragraph (1), (2), (3), or (4) of this appendix:

(1)(a) Current employment in Grades GS-12 or equivalent, or above;

(b) Satisfactory completion of a specialized course of training prescribed by the Office of Personnel Management for Examiners;

(c) At least four years of progressively responsible experience in administrative, managerial, professional, investigative, or technical work which has demonstrated the possession of:

(i) The personal attributes essential to the effective performance of the duties of an Examiner, including integrity, discretion, reliability, objectivity, impartiality, resourcefulness, and emotional stability.

(ii) A high degree of ability to:

—Identify and select appropriate sources of information; collect, organize, analyze and evaluate information; and arrive at sound conclusions on the basis of that information;

—Analyze situations; make an objective and logical determination of the pertinent facts; evaluate the facts; and develop practical recommendations or decisions on the basis of facts;

—Recognize the causes of complex problems and apply mature judgment in assessing the practical implications of alternative solutions to those problems;

—Interpret and apply regulations and other complex written material;

—Communicate effectively orally and in writing, including the ability to prepare clear and concise written reports; and

—Deal effectively with individuals and groups, including the ability to gain the cooperation and confidence of others.

(iii) A good working knowledge of:

—The relationship between Volunteer administration and overall management concerns; and

—The principles, systems, methods and administrative machinery for accomplishing the work of an organization.

(2) Designation as an arbitrator on a panel of arbitrators maintained by either the Federal Mediation and Conciliation Service or the American Arbitration Association.

(3) Current or former employment as, or current eligibility on the Office of Personnel Management's register for Hearing Examiner, GS-935-0.

(4) Membership in good standing in the National Academy of Arbitrators.

(b) A former Federal employee who, at the time of leaving the Federal service, was in Grade GS-12 or equivalent, or above, and

who meets all the requirements specified for an Examiner except completion of the prescribed training course, may be used as an Examiner upon satisfactory completion of the training course.

PART 1211—VOLUNTEER
GRIEVANCE PROCEDURES

Sec.

1211.1-1 Purpose.

1211.1-2 Applicability.

1211.1-3 Definitions.

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1211.1-10 Informal grievance procedure.

1211.1-11 Initiation of formal grievance procedure.

1211.1-12 Investigation by Grievance Examiner.

1211.1-13 Grievance file and examiner's report.

1211.1-14 Final determination by Director of VISTA.

1211.1-15 Disposition of grievance appeal files.

1211.1-16 Grievance procedure for National VISTA Grant Volunteers.

APPENDIX A TO PART 1211—STANDARDS FOR
EXAMINERS

AUTHORITY: Secs. 104(d), 402(14), 420, Pub. L. 93-113, 87 Stat. 398, 407, and 414.

SOURCE: 45 FR 39271, June 10, 1980, unless otherwise noted.

§ 1211.1-1 Purpose.

This part establishes procedures under which certain volunteers enrolled under Pub. L. 93-113 may present and obtain resolution of grievances.

§ 1211.1-2 Applicability.

This part applies to all volunteers enrolled under part A of title I of the Domestic Volunteer Service Act of 1973, as amended, Pub. L. 93-113, (42 U.S.C. 4951 *et seq.*).

§ 1211.1-3 Definitions.

(a) *Volunteer* means a person enrolled and currently serving as a full-time volunteer under part A of title I of the Domestic Volunteer Service Act of 1973. For the purpose of this part, a volunteer whose service has terminated

§ 1211.1-4

shall be deemed to be a volunteer for a period of 90 days thereafter.

(b) *Grievance* means a matter arising out of, and directly affecting, the volunteer's work situation, or a violation of those regulations governing the terms and conditions of service resulting in the denial or infringement of a right or benefit to the grieving volunteer. Terms and conditions of service refer to those rights and privileges accorded the volunteer either through statute, Agency regulation, or Agency policy.

(1) The relief requested must be directed toward the correction of the matter involving the affected individual volunteer or the affected group of volunteers and may request the revision of existing policies and procedures to ensure against similar occurrences in the future. Requests for relief by more than one volunteer arising from a common cause within one region may be treated as a single grievance. The following are examples of grievable matters:

(i) A volunteer is assigned to an area of harsh climate where special clothing is necessary and not already possessed by the volunteer. A request for a special allowance for such clothing is arbitrarily refused.

(ii) A volunteer submits a request for reimbursement for transportation costs incurred while on authorized emergency leave which is denied.

(iii) The project sponsor fails to provide adequate support to the volunteer necessary for that volunteer to perform the assigned work, such as the sponsor's failure to provide materials to the volunteer which is necessary for the performance of the volunteer's work.

(c) *State Program Officer* means that ACTION official who is directly responsible at the first level for the project in which the volunteer is serving.

(d) *Sponsor* means a public or private nonprofit agency to which ACTION has assigned volunteers.

(e) *Grievance Examiner* or *Examiner* means a person having the qualifications described in Appendix A who is appointed to conduct an inquiry or hearing with respect to a grievance.

(f) *National VISTA Grants Program* means a program operated under part A, title I of the Domestic Volunteer

45 CFR Ch. XII (10-1-05 Edition)

Service Act in which ACTION awards a grant to a national grantee to operate a VISTA Volunteer program on a national or multi-regional basis.

(g) *Local component* means a local office or project affiliate of a national grantee which has VISTA Volunteers assigned to it under the National VISTA Grants Program.

(h) The *Act* means the Domestic Volunteer Service Act of 1973, Pub. L. 93-113, (42 U.S.C. 4951 *et seq.*), as amended.

§ 1211.1-4 Policy.

It is ACTION's policy to provide volunteers the widest latitude to present their grievances and concerns to appropriate officials of ACTION and of sponsoring organizations. This regulation is designed to assure that the rights of individual volunteers are recognized and to provide formal ways for them to seek redress with confidence that they will obtain just treatment.

§ 1211.1-5 Matters not covered.

Matters not within the definition of a grievance as defined in § 1211.1-3(b) are not eligible for processing under this procedure. The following are specific examples of excluded areas and are not intended as a complete listing of the matters excluded by this part:

(a) The establishment of a volunteer project, its continuance or discontinuance, the number of volunteers assigned to it, increases or decreases in the level of support provided to a project, suspension or termination of a project, or selection and retention of project staff.

(b) Matters for which a separate administrative procedure is provided.

(c) The content of any law, published rule, regulation, policy or procedure.

(d) Matters which are, by law, subject to final administrative review outside ACTION.

(e) Actions taken in compliance with the terms of a contract, grant, or other agreement.

(f) The internal management of the ACTION Agency unless such management is specifically shown to individually and directly affect the volunteer's work situation or the terms and conditions of service as defined in § 1211.1-3(b).

§ 1211.1-6 Freedom to initiate grievances.

The initiation of a grievance shall not be construed as reflecting on a volunteer's standing, performance or desirability as a volunteer. ACTION intends that each supervisor and sponsor, as well as ACTION and its employees, maintain a healthy atmosphere in which a volunteer can speak freely and have frank discussions of problems. A volunteer who initiates a grievance shall not as a result of such an action be subjected to restraint, interference, coercion, discrimination or reprisal.

§ 1211.1-7 Entitlement to representation.

A volunteer may be accompanied, represented, and advised by a representative of the volunteer's own choice at any stage of the proceeding. The volunteer shall designate his or her representative in writing. A person chosen by the volunteer must be willing to act as representative and have no conflict between his or her position and the subject matter of the grievance.

§ 1211.1-8 Time for preparation and presentation.

(a) Both a volunteer and a volunteer's representative, if another volunteer or an employee of ACTION, must be given a reasonable amount of administrative leave from their assignments to present a grievance or appeal.

(b) ACTION will not pay travel expense or per diem travel allowances for either a volunteer or his or her representative in connection with the preparation of a grievance or appeal, except in connection with a hearing and the examination of the grievant file as provided in § 1211.1-12(c).

§ 1211.1-9 Access to agency records.

(a) A volunteer is entitled to review any material in his or her official volunteer folder and any relevant Agency documents to the extent permitted by the Freedom of Information Act and the Privacy Act, as amended, 5 U.S.C. 552, U.S.C. 552a. Examples of documents which may be withheld from volunteers include references obtained under a pledge of confidentiality, official volunteer folders of other volun-

teers, and privileged intra-agency documents.

(b) A volunteer may review relevant documents in the possession of a sponsor to the extent such documents are disclosable under the Freedom of Information Act and Privacy Act.

§ 1211.1-10 Informal grievance procedure.

(a) *Initiation of grievance.* A volunteer may initiate a grievance within 15 calendar days after the event giving rise to the grievance occurs, or within 15 calendar days after becoming aware of the event. A grievance arising out of a continuing condition or practice that individually affects the volunteer may be brought at any time. A volunteer initiates a grievance by presenting it in writing to the chief executive officer of the sponsor, or the representative designated to receive grievances from volunteers. The designated representative may not be the immediate supervisor of volunteers assigned to the sponsor. The chief executive officer of the sponsor or the designated representative shall respond in writing to the grievance within five (5) working days after receipt. The chief executive officer or designee may not refuse to respond to a complaint on the basis that it is not a grievance as defined in § 1211.1-3(b), or that it is excluded from coverage under § 1211.1-5, but may, in the written response, refuse to grant the relief requested on either of these grounds.

If the grievance involves a matter over which the sponsor has no control, or if the chief executive officer is the immediate supervisor of the volunteer, the procedures described in this section may be omitted, and the volunteer may present the grievance in writing directly to the State Director or designee as described in paragraph (b) of this section within the time limits specified in this paragraph (a).

(b) *Consideration by ACTION State Director or designee.* If the matter is not resolved to the volunteer's satisfaction by the sponsor's chief executive officer, the volunteer may submit the grievance in writing to the ACTION State Director or designee within five (5)

working days after receipt of the decision of the sponsor's chief executive officer. The State Director or designee may not refuse to receive a complaint, even if he or she believes it does not constitute a grievance, and shall respond to it in writing within five (5) working days after receipt. The response may indicate that the matter is not grievable. If the State Director or designee fails to meet the time limit for response, the volunteer may initiate a formal grievance.

(c) *Discussion.* All parties to the informal grievance procedure must be prepared to participate in full discussion of the grievance, and to permit the participation of others who may have knowledge of the circumstances of the grievance in the discussion. State Program Officers and other ACTION employees may participate in discussions and provide guidance with respect to ACTION policies and procedures, at the request of any party, even prior to submission of a grievance to them.

(d) *Sponsor grievance procedure.* A sponsor may substitute its own grievance procedure for the procedure described in paragraph (a) of this section. Any such procedure must provide the volunteer with an opportunity to present a grievance at least as comprehensive as that contained in this section, must meet the time limits of this section, and must be provided in writing to all volunteers. In order to utilize its own grievance procedures, the sponsor must obtain approval of the procedure from the ACTION State Director and file a copy of this approved procedure with the State Office.

§ 1211.1-11 Initiation of formal grievance procedure.

(a) *Submission of grievance to Regional Director.* If a volunteer is dissatisfied with the response of the State Director or designee required by § 1211.1-10(b), he or she may present the grievance in writing to the Regional Director. To be eligible for the formal grievance procedure, the volunteer must have completed action under the informal procedure contained in § 1211.1-10 or have alleged that the State Director or designee exceeded the time specified for response.

(b) *Contents of grievance.* The volunteer's grievance must be in writing, contain sufficient detail to identify the subject matter of the grievance, specify the relief requested, and be signed by the volunteer or a person designated in writing by the volunteer to be the representative for the purpose of the grievance.

(c) *Time limit.* The volunteer must submit the grievance to the Regional Director or designee no later than 15 calendar days after receipt of the informal response by the State Director or designee. If no response is received by the volunteer 15 calendar days after the grievance is received by the State Director or designee, the volunteer may submit the grievance directly to the Regional Director or designee for consideration.

(d) *Within ten (10) working days of the receipt of the grievance, the Regional Director or designee shall, in whole or in part, either decide it on its merits or reject the grievance.* A grievance may be rejected, in whole or in part, for the following reasons:

(1) It was not filed within the time limit specified in paragraph (c) of this section, or

(2) The grievance consists of matters not contained within the definition of a grievance.

(e) *Rejection of a grievance by the Regional Director or designee may be appealed by the volunteer within ten (10) days of receipt of the notice to the Office of General Counsel.* The Office shall immediately request the grievance file from the Regional Director and, within five (5) working days of receipt of it, determine the appropriateness of the rejection. If the grievance was properly rejected by the Regional Director, the Office shall so notify the volunteer of its opinion and the reasons supporting it, and that such rejection is the final Agency decision in the matter. If the Office determines that the grievance was improperly rejected, it shall return the grievance to the Regional Director for a determination on its merits by the Regional Director. Within ten (10) working days of such notification and receipt of the grievance file, the Regional Director or designee shall notify the volunteer in writing of the decision on the merits and specify the grounds

for the decision and of the volunteer's right to appeal.

(f) *Time Limit.* If a volunteer is dissatisfied with the decision of the Regional Director or designee on the merits of the grievance, he or she shall notify the Regional Director within five (5) calendar days from receipt of the decision and request the appointment of an Examiner. If the volunteer receives no response from the Regional Director or Office of General Counsel as required by paragraphs (d) and (e) of this section within five (5) calendar days after the prescribed time limits, the volunteer may request in writing that the Regional Director appoint a Grievance Examiner. Upon receipt of this request, the Regional Director or designee shall appoint within five (5) calendar days an Examiner who shall possess the qualifications specified in Appendix A to this part.

§ 1211.1-12 Investigation by Grievance Examiner.

(a) *Scope of Investigation.* The Examiner shall conduct an investigation of a nature and scope appropriate to the issues involved in the grievance.

Unless waived by the volunteer, a hearing must be held if the Examiner finds that the grievance involves disputed questions of fact that go to the heart of the agency determination. Only those facts found necessary by the Examiner on which to base his or her findings go to the heart of the Agency determination.

If the grievance does not involve such disputed questions of fact, or if the volunteer waives a hearing, the Examiner need not hold a hearing but must provide the parties an opportunity for presentation of their respective positions. At the Examiner's discretion, the investigation may include:

- (1) The securing of documentary evidence,
- (2) Personal interviews, including telephone interviews,
- (3) Group meetings,
- (4) Affidavits, written interrogatories or depositions.

(b) *Conduct of Hearing.* If a hearing is held, the conduct of the hearing and production of witnesses shall conform with the following requirements:

(1) The hearing shall be held at a time and place determined by the Examiner who shall consider the convenience of parties and witnesses and expense to the Government in making his or her decision.

(2) Attendance at the hearing will be limited to persons determined by the Examiner to have a direct connection with the grievance. If requested by the volunteer, the Examiner must open the hearing to the public.

(3) The hearing shall be conducted so as to bring out pertinent facts, including the production of pertinent records.

(4) Formal rules of evidence shall not be applied strictly, but the Examiner may exclude irrelevant or unduly repetitious testimony or evidence.

(5) Decisions on the admissibility of evidence or testimony shall be made by the Examiner.

(6) Testimony shall be under oath or affirmation, administered by the Examiner.

(7) The Examiner shall give the parties an opportunity to present oral and written testimony that is relevant and material, and to cross-examine witnesses who testify.

(8) The Examiner may exclude any person from the hearing for conduct that obstructs the hearing.

(c) *Witnesses.* (1) All parties are entitled to produce witnesses.

(2) Volunteers, employees of a sponsor, and employees of ACTION shall be made available as witnesses when requested by the Examiner. The Examiner may request witnesses on his or her initiative. Parties shall furnish to the Examiner and to opposing parties a list of proposed witnesses, and an explanation of what the testimony of each is expected to show, at least ten (10) calendar days before the date of the hearing. The Examiner may waive the time limit in appropriate circumstances.

(3) Employees of ACTION shall remain in a duty status during the time they are made available as witnesses.

(4) Volunteers, employees and any other persons who serve as witnesses shall be free from coercion, discrimination or reprisal for presenting their testimony.

(5) The Examiner must authorize payment of travel expenses and per

§ 1211.1-13

diem at standard Government rates for the volunteer and the representative to attend the hearing. Payment of travel expenses and per diem at standard Government rates for other witnesses to attend the hearing are authorized only after the Examiner determines that the required testimony cannot be satisfactorily obtained by affidavit, written interrogatories, or deposition, at a lesser cost.

(d) *Recording of Hearing.* A grievant may make a recording of the hearing at his or her own expense if no verbatim transcript is made. Such a recording is in no way to be treated as the official transcript of the hearing.

(e) *Report of Hearing.* The Examiner shall normally prepare a written summary of the hearing which shall include all documents and exhibits submitted to and accepted by the Examiner during the course of the grievance. An Examiner may require a verbatim transcript if he or she determines that the grievance is so complex as to require such a transcript. If the hearing is reported verbatim, the Examiner shall make the transcript a part of the record of the proceedings. If the hearing is not reported verbatim, a suitable summary of pertinent portions of the testimony shall be made part of the record of proceedings. In such cases, the summary together with exhibits shall constitute the report of the hearing. The parties are entitled to submit written exceptions to any part of the summary, and these written exceptions shall be made part of the record of proceedings.

§ 1211.1-13 Grievance file and examiner's report.

(a) *Preparation and content.* The Examiner shall establish a grievance file containing all documents related to the grievance, including statements of witnesses, records or copies thereof, and the report of the hearing when a hearing was held. The file shall also contain the Examiner's report of findings and recommendations.

(b) *Review by volunteer.* On completion of the inquiry, the Examiner shall make the grievance file available to the volunteer and the representative, if any, for review and comment. Their comments, if any, shall be submitted to

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the Examiner within five (5) calendar days after the file is made available and shall be included in the file.

(c) *Examiner's report.* After the volunteer has been given an opportunity to review the grievance file, the Examiner shall submit the complete grievance file to the Director of VISTA.

§ 1211.1-14 Final determination by Director of VISTA.

The Director of VISTA or designee shall issue a written decision on the appeal to the volunteer within ten (10) working days after receipt of the appeal file. The decision shall include a statement of the basis for the determination, and shall be the final Agency decision.

§ 1211.1-15 Disposition of grievance appeal files.

All grievance appeal files shall be retained by the Director of VISTA after the grievance has been settled, or a final decision has been made and implemented. No part of a grievance or appeal file may be made part of, or included in, a volunteer's official folder.

§ 1211.1-16 Grievance procedure for National VISTA Grant Volunteers.

The grievance procedure for National VISTA Grant Volunteers shall be the same as that provided in this part with the following substitutions of officials:

(a) *Informal grievance procedure:*

(1) The initiation of an informal grievance for a National Grant VISTA, see § 1211.1-10, shall normally be to the sponsor of the local component. If the grievance involves a matter solely within the control of the ACTION State Office, the volunteer may present the grievance to the State Director or designee in lieu of the local component sponsor.

(2) If the volunteer is not satisfied with the response of the appropriate official (sponsor of local component, or State Director or designee), the volunteer may submit the grievance to the chief executive of the national grantee.

(b) *Formal grievance procedure:*

The Chief, VISTA Program Development Branch or designee shall replace the Regional Director as the official in § 1211.1-11.

APPENDIX A TO PART 1211—STANDARDS
FOR EXAMINERS

An examiner must meet the requirements specified in either paragraph (1), (2), (3), or (4) of this appendix:

(1) Current or former federal employees now or formerly in grade GS-12 or equivalent, or above who have:

(a) At least four (4) years of progressively responsible experience in administrative, managerial, professional, investigative, or technical work which has demonstrated the possession of:

(i) The personal attributes essential to the effective performance of the duties of an Examiner, including integrity, discretion, reliability, objectivity, impartiality, resourcefulness, and emotional stability.

(ii) A high degree of ability to:

Identify and select appropriate sources of information; collect, organize, analyze, and evaluate information; and arrive at sound conclusions on the basis of that information;

Analyze situations; make an objective and logical determination of the pertinent facts; evaluate the facts; and develop practicable recommendations or decisions on the basis of facts;

Recognize the causes of complex problems and apply mature judgment in assessing the practical implications of alternative solutions to those problems;

Interpret and apply regulations and other complex written material;

Communicate effectively, orally and in writing, including the ability to prepare clear and concise written reports; and

Deal effectively with individuals and groups, including the ability to gain the cooperation and confidence of others.

(iii) A good working knowledge of:

The relationship between volunteer administration and overall management concerns; and

The principles, systems, methods, and administrative machinery for accomplishing the work of an organization.

(2) Designation as an arbitrator on a panel of arbitrators maintained by either the Federal Mediation and Conciliation Service or the American Arbitration Association.

(3) Current or former employment as, or current eligibility on the Office of Personnel Management register for Examiners GS-935-0.

(4) Membership in good standing in the National Academy of Arbitrators.

**PART 1212—VOLUNTEER AGENCIES
PROCEDURES FOR NATIONAL
GRANT VOLUNTEERS [RESERVED]**

**PART 1214—ENFORCEMENT OF
NONDISCRIMINATION ON THE
BASIS OF HANDICAP IN PRO-
GRAMS OR ACTIVITIES CON-
DUCTED BY ACTION**

Sec.

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1214.102 Application.

1214.103 Definitions.

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1214.170 Compliance procedures.

AUTHORITY: 29 U.S.C. 794; 42 U.S.C. 5057.

SOURCE: 55 FR 47761, Nov. 15, 1990, unless otherwise noted.

§ 1214.101 Purpose.

The purpose of this part is to effectuate section 119 of the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978, which amended section 504 of the Rehabilitation Act of 1973 to prohibit discrimination on the basis of handicap in programs or activities conducted by Executive agencies or the United States Postal Service.

§ 1214.102 Application.

This part applies to all programs or activities conducted by the agency, except for programs or activities conducted outside the United States that do not involve individuals with handicaps in the United States.

§ 1214.103 Definitions.

For purposes of this part, the term—
Agency means ACTION.

Assistant Attorney General means the Assistant Attorney General, Civil Rights Division, United States Department of Justice.

AMERICORPS APPLICATION

PERSONAL PROFILE

1. **NAME:** _____
LAST FIRST MIDDLE
2. AmeriCorps members must be a United States citizen, U.S. National or Lawful Permanent Resident. Are you a United States citizen, national, or lawful permanent resident alien? ☐ Yes ☐ No
If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date?
3. **SOCIAL SECURITY NUMBER:** _____ - -
4. **DATE OF BIRTH:** _____
MONTH/DAY/YEAR
5. **PLACE OF BIRTH:** _____
CITY/STATE/COUNTRY
6. **GENDER:** ☐ Male ☐ Female
7. **Earliest date you are available to begin service:** _____
MONTH/DAY/YEAR
8. **CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE
Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ E-Mail _____
9. Are you moving within the next six months? ☐ Yes ☐ No If yes, when*? _____
*Please notify us of new address at time of move. MONTH/DAY/YEAR
10. **PERMANENT ADDRESS:** (if different than above)-Please give the name and address of a person through whom you can always be reached:
Name: _____ Relationship: _____
FIRST LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE
Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ E-Mail _____

AMERICORPS APPLICATION

11. Which AmeriCorps program are you applying to? Check only one. If you are applying to more than one AmeriCorps program, fill this in after you copy your application. Enter the program information on each application.

☐ **AmeriCorps*NCCC (National Civilian Community Corps)**

Members ages 18 to 24 serve in a 10-month team-based residential program to complete a variety of service projects in the areas of education, disaster services, the environment, and other unmet needs. Members often travel to projects throughout their region.

☐ Fall Class (September/October start dates) ☐ Winter Class (January start dates)

☐ **AmeriCorps*VISTA (Volunteers in Service to America)**

Members provide indirect service through private organizations and public nonprofit agencies, addressing issues related to poverty—such as public health, education, the environment, public safety, and employment—by developing and mobilizing resources that create long-term sustainable benefits at a community level.

Program Name _____

Program Address _____

☐ **AmeriCorps*State and National**

Members serve either in teams or individually through national and community-based private and public organizations. Members help solve community problems through direct and indirect service, in the areas of education, public safety, the environment, and other human needs, such as health and housing.

Program Name _____

Program Address _____

EDUCATION

12. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

☐ Some high school ☐ Associate's degree ☐ Graduate degree
☐ High school diploma or GED ☐ Some college ☐ Other (please specify): _____
☐ Technical school/Apprenticeship ☐ Bachelor's degree

13. List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			
A. _____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____	_____

AMERICORPS APPLICATION

COMMUNITY SERVICE (Previous service is not always a requirement.)

14. Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

A. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ Hours per mo.: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____

Description of Involvement: _____

15. Have you previously served in AmeriCorps? ☐ Yes ☐ No

How many times in each of the programs?

AmeriCorps*VISTA _____ AmeriCorps*NCCC _____ AmeriCorps*State and National _____

Program or AmeriCorps*NCCC Campus

Location: _____ From: _____ To: _____
CITY/STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service? ☐ Yes ☐ No

If no, why not? _____

AMERICORPS APPLICATION

MOTIVATIONAL STATEMENT

16. We would like to understand more about you and your reasons for applying to AmeriCorps. Take a few minutes and consider those experiences which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

EMPLOYMENT

17. Beginning with the most current or most recent position, list and briefly describe the last four positions you have held or your last ten years of employment you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
A. Organization, City/State: Supervisor: Phone and email 	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: ____	Title: ____ Duties: ____ Reason for leaving: ____
B. Organization, City/State: Supervisor: Phone and email 	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: ____	Title: ____ Duties: ____ Reason for leaving: ____

AMERICORPS APPLICATION

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
C. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____
D. Organization, City/State: _____ _____ Supervisor: Phone and email _____	From: ____/____ MO./YR. To: ____/____ MO./YR. Hrs./week: _____	Title: _____ Duties: _____ _____ Reason for leaving: _____ _____

18. Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history. _____

SKILLS AND EXPERIENCE

19. Listed below are skill areas that some programs find useful and may seek in AmeriCorps applicants. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: ☒ Public Speaking – Club President

- | | |
|---|---|
| <input type="checkbox"/> Architectural Planning _____ | <input type="checkbox"/> Leadership _____ |
| <input type="checkbox"/> Business/Entrepreneur _____ | <input type="checkbox"/> Medicine _____ |
| <input type="checkbox"/> Communications _____ | <input type="checkbox"/> Outreach _____ |
| <input type="checkbox"/> Community Org./Development _____ | <input type="checkbox"/> Public Health _____ |
| <input type="checkbox"/> Computers/Technology _____ | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Conflict Resolution _____ | <input type="checkbox"/> Recruitment _____ |
| <input type="checkbox"/> Counseling _____ | <input type="checkbox"/> Teaching/Tutoring _____ |
| <input type="checkbox"/> Education _____ | <input type="checkbox"/> Trade/Construction _____ |
| <input type="checkbox"/> Fine Arts/Crafts _____ | <input type="checkbox"/> Writing/Editing _____ |
| <input type="checkbox"/> First Aid _____ | <input type="checkbox"/> Youth Development _____ |
| <input type="checkbox"/> Fundraising/Grant Writing _____ | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Law _____ | |

AMERICORPS APPLICATION

20. Do you know or have you studied any language(s) other than English? ☐ Yes ☐ No
Language(s): _____ Number of Years Studied or Spoken: _____

Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent
Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

21. In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application, including other languages spoken.

22. Do you have a valid driver's license? ☐ Yes ☐ No License # _____ State _____

ECONOMIC BACKGROUND

23. AmeriCorps seeks to involve participants from all economic backgrounds. Please provide your current household information or that of the person claiming you as a dependent.

- a. Including yourself, how many people live in your household? _____
- b. What is the total annual household income? _____
- c. Do you or members of your household receive public assistance such as TANF or Food Stamps? ☐ Yes ☐ No
- d. Do you have children who rely on you as their primary caretaker or for financial support? ☐ Yes ☐ No

AMERICORPS APPLICATION

CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old.

We are investigating for past sexual offenses and violent crimes, or crime that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

24. **Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?** ☐ Yes ☐ No

Are you currently facing charges for any offense or on probation or parole? ☐ Yes ☐ No
If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____

Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (____) _____

NAME: _____

Address: _____
NUMBER AND STREET

CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

AMERICORPS APPLICATION

CERTIFICATION

If you choose to submit a paper application, your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, and then sign each one.

By signing this application, or by submitting it electronically if applying on-line, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in some AmeriCorps programs, including AmeriCorps*NCCC, I may be required to submit to a physical examination, including drug or alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

SIGNATURE _____

DATE _____

Print Name: _____



The Corporation for National and Community Service programs are available to all without regard to race, color, national origin, disability, age, gender, sexual orientation, religion, political affiliation, or other non-merit factors. Anyone believing he or she has been subjected to discrimination on these grounds by the Corporation for National and Community Service, AmeriCorps, or one of its grantees may contact our Office of Civil Rights and Inclusiveness at (202) 606-7503 or email at eo@cns.gov.

REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____

LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (____) _____ Work Phone: (____) _____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

- ☐ AmeriCorps*NCCC
☐ AmeriCorps*VISTA

Program Name: _____

Program Address: _____

- AmeriCorps*State and National:
Program Name:

Program Address: _____

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and faith-based and community organizations. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs. In return, AmeriCorps members may earn an AmeriCorps Education Award that helps pay for college or pay back student loans.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: _____

LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: () _____ Work Phone () _____ E-mail: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- ☐ Job Supervisor/Employer ☐ High School Teacher ☐ Clergy
☐ Volunteer Supervisor ☐ College Instructor ☐ Coach
☐ Other (specify): _____

Please describe the situation in which you know the applicant.

WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- ☐ Outstanding performance
☐ Above average performance
☐ Satisfactory
☐ Below average performance
☐ Unsatisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY

4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

6. What is your overall recommendation?

- ☐ I recommend the applicant for AmeriCorps service.
- ☐ I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.
- ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- ☐ I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- ☐ I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____

LAST FIRST MIDDLE

Address: _____
(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: (____) _____ Work Phone: (____) _____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

- ☐ AmeriCorps*NCCC
☐ AmeriCorps*VISTA

Program Name: _____

Program Address: _____

- AmeriCorps*State and National:

Program Name: _____

Program Address: _____

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and faith-based and community organizations. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs. In return, AmeriCorps members may earn an AmeriCorps Education Award that helps pay for college or pay back student loans.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: _____

LAST FIRST MIDDLE

Position/Title: _____

Organization/Institution: _____

Address: _____

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET) CITY STATE ZIP CODE

Home Phone: () _____ Work Phone () _____ E-mail: _____

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

EMOTIONAL MATURITY

4. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps-such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

6. What is your overall recommendation?
- ☐ I recommend the applicant for AmeriCorps service.
 - ☐ I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.
 - ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- ☐ I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- ☐ I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

AMERICORPS APPLICATION

OPTIONAL INFORMATION

HOW DID YOU FIRST HEAR ABOUT AMERICORPS? You may check more than one.

- ☐ AmeriCorps representative
(service/career fair, conference, information session)
- ☐ Armed Forces
- ☐ Current or former AmeriCorps member
- ☐ Friend/Relative
- ☐ Internet/Listserv/E-mail
- ☐ Newspaper/Magazine advertisement
- ☐ Other service organization
- ☐ Radio story
- ☐ Television advertisement
- ☐ Poster at school
- ☐ College guidance office/Placement office
- ☐ Department of Education
- ☐ High school guidance counselor
- ☐ Newspaper/Magazine article
- ☐ Peace Corps
- ☐ Radio advertisement
- ☐ Received information in the mail
- ☐ Television news story
- ☐ Other (specify) _____

WHAT IS YOUR ETHNICITY? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR RACE? Mark one or more:

- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WHERE TO SEND YOUR APPLICATION

Please send your application directly to the AmeriCorps program where you wish to serve. To get the address for the AmeriCorps where you wish to serve, or to apply online, visit the AmeriCorps website at www.americorps.gov. If you don't have Internet access you can still get program information or apply by calling 1-800-942-2677.

It is a good idea to call the program(s) that interest you before you apply in order to ensure that applications are currently being accepted.

If you are applying to AmeriCorps*NCCC, send your application to:
AmeriCorps*NCCC
1201 New York Avenue, N.W.
Washington, DC 20525



Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651
(757) 838-2330

Background Check Authorization

By signing below, I _____, AUTHORIZE Alternatives Inc. to complete a background check in connection with my **AmeriCorps service**. I understand that my service depends upon successful completion of the following investigations:

- National Sex Offender Public Registry Check (NSOPR)
- Virginia State Police Check
- FBI Check
- Virginia Child Protective Services Check

Member's Name (Printed): _____

Member's Signature: _____

Date: _____

Peninsula AmeriCorps Service and Support (PASS)

Returning Members Background Check Verification Agreement

Member Name: _____

Previous Service Contract End Date: _____

New Contract Start Date: _____

Since my last backgrounds checks on the following:

- Virginia State Criminal History Check, dated: _____
- FBI Fingerprint Check, dated: _____
- Central Registry Release of Information Check, dated: _____

I verify the following:

☐ **I HAVE NOT BEEN** convicted of, or under pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.

☐ **I HAVE BEEN** convicted of, or under pending charge(s) or indictment(s) for the following crimes either within or outside the Commonwealth of Virginia

1) _____
Charge Date Jurisdiction (county & State) Disposition

2) _____
Charge Date Jurisdiction (county & State) Disposition

By signing below, I certify that the information is accurate as recorded on this document. I understand that failure to disclose will be cause for disallowance of education awards, possible repayment of living allowances and termination from the program.

Signature of Member/Volunteer

Date

Enrollment Approval Cycle Time

Searched for:
Program Code: 14ACHVA0010001
Grant Year: 2015

GRANT YEAR	PROGRAM NAME	PROGRAM CODE	NSP ID	MEMBER LAST NAME	MEMBER FIRST NAME	ENROLLMENT DATE	ACTIVATION DATE	TOTAL DAYS BEFORE APPROVAL
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/27/2015	20
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/27/2015	20
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/27/2015	20
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/27/2015	20
2015	Peninsula AmeriCorps	14ACHVA0010001				09/08/2015	09/28/2015	21

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Confidentiality Policy Agreement

PASS members must abide by the **Confidentiality Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Confidentiality Policy.

Member's (Printed) Name:

Member's Signature:

Date:

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Drug Free Work Place Agreement

PASS members must abide by the **Drug Free Workplace Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Drug Free Workplace Policy.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

High School Diploma/GED Certification

The Corporation for National and Community Service provisions state that to be eligible all AmeriCorps members must:

Have a high school diploma or an equivalency certificate (or agree to obtain a high school diploma or its equivalent before using an education award) and not have dropped out of elementary or secondary school in order to enroll as an AmeriCorps member (unless enrolled in an institution of higher education on a ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U. S. C. § 1091), or have been determined through and independent assessment conducted by the Program to be incapable of obtaining a high school diploma or its equivalent (provided that the Corporation has waived the education attainment requirement for the individual).

As such, the (Program Name) requires all members provide certification that they have received their high school diploma or GED or that they agree to obtain one before using their education award.

- ☐ I certify that I have obtained a high school diploma.
- ☐ certify that I have obtained a GED I.
- ☐ I certify that I have not obtained a high school diploma/GED; however I agree to obtain one prior to using my education award.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Peninsula AmeriCorps Service and Support (PASS)

Informed Consent Statement

I understand that my service as a PASS Member placed at _____, is entered into willingly as a requirement of my placement and as an effort to assist the placement site and its role in the community.

I understand that my service at above stated placement site and/or community service site involves potential risks including:

- participation in activities with young people (individual and/or group);
- travel to and participation in activities in the community (field trips and/or community service);
- travel to and from my placement site;
- engagement in physical labor that requires lifting heavy objects or climbing;
- engagement in athletic or ropes training activity;
- handling equipment typically used in community center environments, maintenance or landscaping that might require safety training;
- being required to drive a vehicle as part of my service work;
- being exposed to persons with infectious diseases;
- being exposed to toxic materials of any kind;
- potential exposure to violence or conflict;

By signing below, I am acknowledging that I have read and understood the above stated provisions/policies of this **Informed Consent Statement**. Further, I am consenting to enter into this service placement/assignment aware of these potential risks. I assume responsibility for my welfare and agree to consider the precautionary measures recommended to me by my respective placement site personnel and the Program Director of PASS.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Non-Discrimination Clause Agreement

It is the policy of PASS to provide opportunity for participation in the program without regard to race, color, religion, national origin, political affiliation, disability, veteran status, sexual orientation, sex or age (except where sex or age is a bona fide occupational qualification). Giving preference to an applicant is prohibited.

Further, it shall be the policy of PASS that no otherwise qualified person shall, solely by the reason of disability, be denied access to, participation in, or the benefits of the AmeriCorps Program.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Media Release Form

I, _____, do hereby give PASS, the Virginia Office on Volunteerism and Community Service ("Office"), Virginia Governor's Commission on Community and National Service, and Office's authorized agents the absolute and irrevocable right to use my name (or any fictional name), likeness, portrait, photograph, or motion picture and audio recording which you may make of me ("Works") in all forms, including in whole or in part, in all manners, and in all media, whether now known or hereinafter discovered, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, editorial, or any other lawful purposes.

I acknowledge that I have no rights with respect to the Works and I waive any right to inspect or approve the Works or finished version(s) incorporating the Works, including written copy, if any, that may be created and appear in connection therewith. I hereby release and agree to hold harmless PASS, Office, Virginia Governor's Commission on Community and National Service, and Office's authorized agents from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the capturing of the Works, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity. I agree that the Works creator owns the copyright in the Works and I hereby waive any claims I may have based on any usage of the Works or their derivations, including but not limited to claims for either invasion of privacy or libel.

I am of full age* and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Witness (Printed) Name: _____

Witness Signature: _____ Date: _____

***Consent (if applicable)**

I am the parent or guardian of the minor named above, and I have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent (Printed) Name: _____

Parent Signature: _____ Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Emergency Notification Form

Member Name: _____

SSN: _____ - _____ - _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies _____ Other Medical Conditions _____

Medications being taken _____

Name of Insurance/Health Plan _____ Policy/Account Number _____

Family Physician _____ Phone _____ Hospital of Choice _____

In the event of an emergency, I hereby authorize the site supervisor of PASS as agent for me, to consent on my behalf any X-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered either at a doctor's office or in any hospital. The undersigned assumes the responsibility for any costs connected with such treatment.

RELEASE OF LIABILITY

The undersigned does hereby release and agree to hold harmless Alternatives, Inc. and their Directors, employees, agents, representatives and volunteers from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred.

Signature _____

Date _____

In Case of Emergency Notify:

Name: _____
First Middle Initial Last

Relationship: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact:

Name: _____
First Middle Initial Last

Relationship: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Grievance Procedure Agreement Statement

PASS members must abide by Alternatives' Grievance Procedures which are contained in a separate document.

By signing below, I acknowledge that I have received, read, understood and agree to abide by the grievance procedures.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Receipt of Member Handbook Form

By signing below I acknowledge that I have received a copy of the AmeriCorps Member Handbook.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)
Harassment/Sexual Harassment Policy Agreement

PASS members must abide by the **Harassment/Sexual Harassment Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Harassment/Sexual Harassment Policy.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Substance Abuse Policy Agreement

PASS members must abide by the **Substance Abuse Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Substance Abuse Policy.

Member's (Printed) Name:

Member's Signature:

Date:

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 <input type="checkbox"/>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Peninsula AmeriCorps Service and Support (PASS)

**Loan Forbearance, Health Insurance &
Child Care Benefits Selection Form**

Member Name (Printed): _____

SECTION I: Loan Forbearance

Please Check One:

- ☐ I have applied for loan forbearance via _____ ☐ I elect **NOT** to apply for loan forbearance
My AmeriCorps

Member Signature: _____ Date: _____

SECTION II: Health Insurance Coverage (Applicable Only for Full Time Members)

Please Check One:

- ☐ I accept the Health Insurance coverage ☐ I decline enrollment in Health Insurance
Coverage
☐ No - applicable only for full time members

By signing below, I certify that I am responsible for all co-payments or deductibles applicable while enrolled in the health insurance coverage plan.

Member Signature: _____ Date: _____

SECTION III: Child Care Benefits (Full Time Members Only)

Eligible full-time AmeriCorps members may receive subsidized child care through AmeriCorps*CARE while serving as an AmeriCorps member. In order to be eligible for the child care benefits, the member's family must be income-eligible and the child care provider must be legally qualified/licensed in the state of Virginia as a child care provider. AmeriCorps*CARE will reimburse qualified child care providers up to 100% of the current local market rate for child care services. Reimbursement rates and income eligibility are based on locally established guidelines under the Child Care and Development Fund (CCDF), a federally fund program administered by each state.

AmeriCorps members are not eligible to receive child care benefits through AmeriCorps*CARE while receiving other child care subsidies.

Please Check One:

- ☐ I would like to apply for child care benefits. I understand that I must complete additional applications, provide required documentation, and forward the information to PASS before final eligibility is determined.
☐ I **do not** wish to apply for child care benefits while serving as an AmeriCorps member.
☐ No - applicable only for full time members

Member Signature: _____ Date: _____

Peninsula AmeriCorps Service and Support (PASS)

Policy Sign-Off Sheet

Member's Printed Name: _____

Each Statement must be initialed indicating that you understand the information provided.

Initials

Statement

_____	As a condition for volunteer service at Alternatives, Inc., I understand that my volunteer service depends upon successful completion of a drug screening and I authorize Alternatives, Inc. to administer testing.
_____	I acknowledge that I have received, read, and understand the Accompaniment Policy .
_____	I acknowledge that I have received, read, and understand the Break/Lunch Time Policy .
_____	I acknowledge that I have received, read, and understand the Criminal History Policy and I also declare that I am not a prohibited person and I not a registerable person under the Adam Walsh Child Protection and Safety Act of 2006.
_____	I acknowledge that I have received, read, and understand the Dress Code Policy .
_____	I acknowledge that I have received, read, and understand the Emergency Notification Policy .
_____	I acknowledge that I have received, read, and understand the Expectations Policy .
_____	I acknowledge that I have received, read, and understand the Field Trip Policy .
_____	I acknowledge that I have received, read, and understand the Holiday/Vacation/ Sick/Bereavement Leave Policy
_____	I acknowledge that I have received, read, and understand the Non-Compete Policy .
_____	I acknowledge that I have received, read, and understand the Orientation/ Probationary Period Policy .
_____	I acknowledge that I have received, read, and understand the Reimbursement Policy .
_____	I acknowledge that I have received, read, and understand the Safety Precautions Policy .
_____	I acknowledge that I have received, read, and understand the Substance Abuse Policy
_____	I acknowledge that I have received, read, and understand the Use of Equipment, Internet, E-mail Policy
_____	I acknowledge that I have received, read, and understand the Weather Closing Policy .
_____	I acknowledge that as stated in the Confidentiality Agreement Policy my personal contact information will be shared by Alternatives to other Members only with my written permission
_____	I acknowledge that the PASS AmeriCorps Design Handbook and the Member Handbook are available as hard copies from my Site Supervisor and online OnCorps Website under the Resource tab

Member Signature

Date

Peninsula AmeriCorps Service and Support (PASS)

AmeriCorps Service Gear Acknowledgement

While acting in an official capacity and representing AmeriCorps, the Member is expected to wear their service gear (AmeriCorps T-shirt). There are certain activities that AmeriCorps members and staff members of AmeriCorps programs should not engage in as part of their service with AmeriCorps or while representing AmeriCorps. These activities are called **Prohibited Activities**.

Individuals may exercise their rights as private citizens and may participate in the activities listed below on non-AmeriCorps time. The AmeriCorps logo or AmeriCorps gear **SHOULD NOT BE** worn while doing so. Any perceived association with Alternatives, Inc. while engaging in these activities should be avoided.

Activities prohibited while in AmeriCorps gear include:

- Attempting to influence legislation.
- Organizing or engaging in protests, petitions, boycotts, or strikes.
 - *(i.e. crossing a picket line, joining a picket line.)*
- Assisting, promoting or deterring union organizing.
- Impairing existing contracts for services or collective bargaining agreements.
- Engaging in partisan political activities or other activities designed to influence the outcome
 - of an election to any public office.
 - *(i.e. campaigning for a specific candidate)*
- Participating in or endorsing events or activities that are likely to include advocacy for or
 - against political parties, political platforms, political candidates, proposed legislation, or
 - elected officials.
 - *(i.e. participating in any rally; sending politically motivated chain emails during service hours)*
- Engaging in religious instruction; conducting worship services; providing instruction as part of
 - a program that includes mandatory religious instruction or worship; constructing or
 - operating facilities devoted to religious instruction or worship; maintaining facilities primarily
 - or inherently devoted to religious instruction or worship; or engaging in any form of
 - religious proselytization.
 - *(i.e. service in a soup kitchen at a church that benefits the community is allowed, but not working on a church facility or teaching Sunday school which only benefits the church congregation)*
- Organizing or participating in voter registration drives
- Fundraising
- Providing a direct benefit to:
 - A for-profit entity *(i.e. babysitting for a corporate sponsor during a holiday party as*
 - *"service"; renovating grounds or buildings of a for-profit company);*
 - A labor union;
 - A partisan political organization; *(i.e. working on a political campaign as "service");*
 - An organization engaged in the religious activities described above unless the activity is
 - not religious in nature, and is available to the community.
- A nonprofit entity that fails to comply with the restrictions contained in section
 - 501(c)(3) of U.S. Code Title 26.
- Providing abortion services or referrals for receipt of such services

I acknowledge that I have been informed regarding the importance of AmeriCorps branding and therefore will not wear publically AmeriCorps T-shirts after my termination from service and will not donate them to thrift stores or give them away to be worn by others not in AmeriCorps service.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Prohibited Activities Policy

PASS members must abide by the **Prohibited Activities Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Prohibited Activities Policy.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Utilizing Social Media

PASS members must abide by the **Utilizing Social Media Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Utilizing Social Media Policy.

Member's (Printed) Name: _____

Member's Signature: _____

Date: _____

PASS

Peninsula AmeriCorps Service & Support

Alternatives, Inc.
359 Fenwick Road
Fort Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Released from Accompaniment

Member Name (Please Print): _____

Released Date: _____

Supervisor: _____

Your four-part background check has been submitted, processed and returned to the PASS Program and approved by the PASS Program Director and you no longer need to be accompanied.

Please complete the following:

- Remove red dot from your badge.
- Notate on your ADF and electronic timesheet "released from accompaniment on _____"
(date)
- Sign the release form verifying your release and return it to your supervisor.

By signing below, I certify that I was notified that I no longer need to be accompanied.

Member Signature

Date

DO NOT WRITE BELOW THIS LINE

Date accompaniment end date entered into OnCorps: _____ by: _____

Comments: _____



Alternatives, Inc.
359 Fenwick Road
Hampton, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

ACCOMPANIED AGREEMENT STATEMENT

Accompanied Name (Please Print): _____

By signing below, I certify the following:

- While awaiting background check results, I must remain in the physical presence of my assigned *Accompanier* (who has an approved background check) while I am in service at assigned program site.
- I must verify that accompaniment occurs through the use of a daily log, known as the Accompaniment Documentation Form (ADF), and it must be signed by my assigned Accompanier.
- Once I have been cleared, I will be notified that I have been released from accompaniment and the ADF will no longer be required.

Accompanied Signature

Date

SUPERVISOR ACKNOWLEDGEMENT

By signing below, I certify that I have discussed the responsibilities of an Accompanied Member with the above member.

Supervisor Name (Printed): _____

Supervisor Signature: _____

Date: _____

If a correction is needed, no whiteout is allowed; put one line through the error and initial near the error. If there are more than two errors on form, it must be done over.

Alternatives, Inc.
359 Fenwick Road
Ft. Monroe, VA 23651

Peninsula AmeriCorps Service and Support (PASS)

Program Evaluation Policy

PASS members must abide by the **Program Evaluation Policy** which is contained in a separate document.

By signing below, I acknowledge that I have received, read, understand and agree to abide by the Program Evaluation Policy.

Member's (Printed) Name:

Member's Signature:

Date:



Peninsula AmeriCorps Service and Support (PASS)

2015-16 Member Evaluation Form

Member's Name: _____ NSPID #: _____ Start Date: _____ End Date: _____ Slot: _____ Hours: _____ Supervisor: _____	<div style="text-align: center; border: 1px solid black; padding: 5px;">REVIEW PERIOD</div> <input checked="" type="checkbox"/> Mid-year Review Date: _____ <input type="checkbox"/> Exit Review Date: _____ Form completed by: <input type="checkbox"/> Member <input type="checkbox"/> Supervisor
--	--

Please circle one number for each item.

No.	Element	SCALE			
		① Not acceptable	② Does not met all expectations	③ Meets Expectations	④ Exceeds Expectations
	Knowledgeable about AmeriCorps Program	1	2	3	4
2.	Promotes AmeriCorps Program	1	2	3	4
3.	Knowledgeable about Alternatives	1	2	3	4
4.	Comply with Alternatives rules and policies	1	2	3	4
5.	Expresses belief in the potential of all youth	1	2	3	4
6.	Discusses the importance of service with youth	1	2	3	4
7.	Develops positive relationships with youth	1	2	3	4
8.	Develops positive relationships with adults	1	2	3	4
9.	Possesses positive attitude and participates in all activities	1	2	3	4
10.	Encourages positive behavior; gently corrects negative behavior	1	2	3	4
11.	Seek/respond to feedback/constructive criticism	1	2	3	4
12.	Serve as a team player	1	2	3	4
13.	Plans and execute programs	1	2	3	4
14.	Prepares and submit written/on-line records in timely fashion	1	2	3	4
15.	Punctual for service; follow thru on assignments in a timely manner	1	2	3	4
16.	Dress appropriate for service	1	2	3	4

Strengths demonstrated:

Things to improve:

Additional Comments:

Member Signature

Date

Supervisor Signature

Date

FOR OFFICE USE ONLY	
Date mid-year evaluation checked in OnCorps:	Entered by:

Exit Approval Cycle Time

Searched for:
Program Code: 13AFHVA0010005
Grant Year: 2015

GRANT YEAR	PROGRAM NAME	PROGRAM CODE	NSP ID	MEMBER LAST NAME	MEMBER FIRST NAME	ACUTAL COMPLETION DATE	EXIT ACTIVATION DATE	TOTAL DAYS BEFORE EXIT
2015	Virginia Reading Corps	13AFHVA0010005	1262840			03/07/2016	03/28/2016	22

